

10-05-01

A

**TRANSMITTAL OF  
UTILITY  
APPLICATION  
UNDER 37  
C.F.R. §1.53**

Attorney Docket No.

24641-1040B

First named inventor

CHOBOTOV, M.

Express mail label #

EL68575785US

Date of mailing

October 3, 2001

100 U.S. P.  
09/970576

10/03/01

**Application Elements**

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 23 pages  
(including claims and Abstract), and  
1 cover sheet.
  - a. Title: **LAYERED ENDOVASCULAR GRAFT**
  - b. Number of claims: 6
3. ☒ 3 sheets of drawings with 8  
Figures.
4. ☒ Copy of Declaration from parent application.
5. ☐ Sequence Listing
  - ☐ Paper copy (identical to computer copy)
  - ☐ Computer readable copy
  - ☐ Verified statement

**Accompanying Application Papers**

6. ☒ Copy of assignment from prior  
application
7. ☒ Copy of Small Entity Statement from  
parent application
8. ☒ Preliminary Amendment
9. ☒ Return Receipt Postcard

**SIGNATURE OF ATTORNEY/AGENT**

HELLER EHRMAN WHITE &amp; McAULIFFE LLP



William B. Anderson

Registration Number: 41,585

☒ This application is a continuation of allowed U.S. application Serial No. 09/200,317, filed November 25, 1998, which claims benefit of priority under 35 U.S.C. §119(e) to U.S. provisional application Serial No. 60/066,301, filed November 25, 1997.

**CORRESPONDENCE ADDRESS**

NAME

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10/03/01  
100 U.S. P.  
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09/05/25 100304

<b>FEE TRANSMIT</b> <b>ACCOMPANYING UTILITY</b> <b>APPLICATION UNDER</b> <b>37 C.F.R. §1.53</b>	Attorney Docket No.	24641-1040B
	First named inventor	CHOBOTOV, M
	Express mail label #	EL68575785US
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**FEE CALCULATION FOR CLAIMS AS AMENDED**

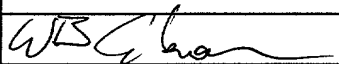
a)	Basic Fee		\$ 740.00
b)	Independent Claims $\frac{1}{5} - 3 = \frac{0}{0}$	x \$ 84.00	\$ 0.00
c)	Total Claims $\frac{5}{5} - 20 = \frac{0}{0}$	x \$ 18.00	\$ 0.00
d)	Fee for Multiple Dependent Claims - \$280.00		\$ 0.00
<b>TOTAL FILING FEE</b>			<b>\$ 740.00</b>

[X] Status as Small Entity is claimed, reducing Fee by one-half to \$ 370.00

[X] A check in the amount of \$370.00 to cover the fee for filing the application.

[ ] Charge \$ .00 to Deposit Account No. 50-1213.

[X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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<b>Submitted by:</b>			
Typed or printed name	William B. Anderson		Reg. Number 41,585
Signature		Date 10-3-01	Deposit Account 50-1213